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CHIVA Effectiveness Score. The Correct One is Below

The article Validation of a New Duplex Derived Haemodynamic Effectiveness Score, the Saphenous Treatment Score, in Quantifying Varicose Vein Treatments by C.R. Lattimer et al. EJVES 43 (2012) 348–354 proposes: “Protagonists for saphenous conservation surgery (CHIVA) have the option to change the scoring by giving competency the improved score of 1 and occlusion a reduced score of 2. However, it is important that the order of precedence should remain the same with reflux prioritizing over occlusion and occlusion prioritizing over competency”. A CHIVA procedure disconnects and diverts shunts thereby fractionating the blood columns. Saphenous reflux is not a failure provided there is an effective disconnection. This can be confirmed using Valsalva manoeuvre when the reflux is no longer increased or triggered. This is because the saphenous vein is no longer overloaded by inflow from the deep veins. Reflux in this setting represents an outflow drainage path. The same principle applies to reflux in saphenous tributaries and other areas of detectable reflux. These refluxing flows occur because they

are draining their physiological territories according to a physiological a “hierarchy” which occurs when the shunts are successfully corrected. Reverse flow in this situation should not be considered a failure. Occlusion is a failure because the CHIVA’s purpose is conservative. So, failure occurs when there is an occlusion and also when the reflux can be induced by a Valsalva manoeuvre at the saphenofemoral junction, saphenous trunk or its tributaries. Success is represented by antegrade flow (competency) or Valsalva negative reflux in these areas.

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